PTO/SB/21 (08-00)

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TRANSMITT		Application Number	
TRANSMITT	AL	Filing Date	12/16/1999
FORM		First Named Invento	
ATEN 5 to be used for all correspondence after	er initial filing)	Group Art Unit	Michele Flood
Ta (Ca)		Examiner Name	Michele Flood
Total Number of Pages in This Subm	ission 254	Attorney Docket Num	nber RPP:156B US
	ENCL	OSURES (che	ck all that apply)
Fee Transmittal Form  Fee Attached  Amendment / Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Supplemental Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/	Drawing Licensir Petition Petition Provisio Change Address Termina Reques	to Convert to a nal Application of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):
Response to Missing Parts under 37 CFR 1.52 or 1.53			
SIGNATU	IRE OF APPLI	CANT, ATTORNEY, C	OR AGENT
Firm or Individual name  Signature  Date  Dunn & Association  Dunn	ul W 1, 200		
		ATE OF MAILING	
I hereby certify that this correspondence is being mail in an envelope addressed to: Commissioner			
Typed or printed name Michael L. D	unn	^	
	Sul	V	Date Jan 7, 200 3

PTO/SB/17 (10-01)

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**TRANSMITTAL** for FY 2002

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** 

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Co	omplete if Known	ふ	``C	Y
Application Number	09/464,416	15C/	AN.	V
Filing Date	12/	16/1999	E/ 2	
First Named Inventor	Yasmin Thana	avala	Ep	<b>a</b>
Examiner Name	Michele Flood		1600	]`
Group Art Unit		1654	95	3
Attorney Docket No.	RPP:156B U	S		X

METHOD OF PAYMENT	FEE	E CALCULATION (continued)	
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEE	ES .	
indicated fees and credit any overpayments to:  Deposit	Large Small		
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Number Deposit	Code (\$) Code (\$)	Fee Description Fo	ee Palu
Account Name	105 130 205 65 S	Surcharge - late filing fee or oath	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		Surcharge - late provisional filing fee or cover sheet	
Applicant claims small entity status.	139 130 139 130 N	Non-English specification	
See 37 CFR 1.27	147 2,520 147 2,520 F	For filing a request for ex parte reexamination	
2. Payment Enclosed: Check Credit card Money Order Other		Requesting publication of SIR prior to Examiner action	
FEE CALCULATION		Requesting publication of SIR after Examiner action	
1. BASIC FILING FEE	115 110 215 55 E	Extension for reply within first month	
Large Entity Small Entity	116 400 216 200 E	extension for reply within second month	
Fee Fee Fee Fee Description	117 920 217 460 E	extension for reply within third month	
Code (\$) Code (\$) Fee Paid  101 740 201 370 Utility filing fee	118 1,440 218 720 E	extension for reply within fourth month	
106 330 206 165 Design filling fee	128 1,960 228 980 E	extension for reply within fifth month	
107 510 207 255 Plant filing fee	119 320 219 160 N	Notice of Appeal	
108 740 208 370 Reissue filing fee	120 320 220 160 Fi	iling a brief in support of an appeal	
114 160 214 80 Provisional filing fee	121 280 221 140 R	Request for oral hearing	
	138 1,510 138 1,510 Pe	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)	140 110 240 55 Pe	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES	141 1,280 241 640 Pe	Petition to revive - unintentional	
Fee from Ext <u>ra Claims below Fee Paid</u>	142 1,280 242 640 Ut	Itility issue fee (or reissue)	
Total Claims -20** = X = I	143 460 243 230 D	Design issue fee	
Claims	144 620 244 310 Pi	Plant issue fee	<del></del>
Multiple Dependent	122 130 122 130 Pe	Petitions to the Commissioner	
	123 50 123 50 Pr	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Se	Submission of Information Disclosure Stmt	
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20		Recording each patent assignment per property (times number of properties)	
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid		filing a submission after final rejection 37 CFR § 1.129(a))	
109 84 209 42 ** Reissue independent claims over original patent		For each additional invention to be examined (37 CFR § 1.129(b))	
110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 R	Request for Continued Examination (RCE)	
and over original patent	169 900 169 900 R	Request for expedited examination of a design application	
SUBTOTAL (2) (\$)	Other fee (specify)		
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fe	ee Paid SUBTOTAL (3) (\$)	

SUBMITTED BY	ţ			Complete	(if applicable)
Name (Print/Type)	Michael L. Dunn		Registration No. (Attorney/Agent) 25,330	Telephone	716-433-1661
Signature	Mulul	W		Date	Jun 7, 2003



IN THE UNITED STATES PATENT AND TRADEMARK OFFIC

Applicants:

Yasmin Thanavala

Art Unit:

1654

Serial No:

09/464,416

Confirmation No: 7504

Filed:

December 16, 1999

I certify that this Supplemental Information Disclosure State is being deposited on January 7, 2003 with the U.S. Postal

Examiner:

Michele Flood

Service as first class mail addressed to the Assistant Commissioner

for Patents, Washington, D.C. 20231

For:

**ORAL IMMUNOLOGY USING** 

PLANT PRODUCT CONTAINING

A NON-ENTERIC PATHOGEN

**ANTIGEN** 

Michael L. Dunn

Registration No. 25,330

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

**Assistant Commissioner for Patents** Washington, D.C. 20231

Sir:

The following literature citations are being provided in compliance with Applicant's and his attorneys' duty of candor and good faith under 37 C.F.R. 1.56, 1.97 and 1.98. The citations are recorded on the accompanying Form PTO-1449. A copy of each reference is included herewith.

A communication (European Search Report) from the European Patent Office issued November 20, 2002 and disclosed the attached references which have not been previously cited by Applicants in an Information Disclosure Statement.

I hereby certify that each item of information contained in this Supplemental Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.

Dated: January 7, 2003

Michael L. Dunn

Attorney for Applicant(s)

Respectfully submitted,

Reg. No. 25,330 P.O. Box 10

Newfane, New York 14108 Telephone: (716) 433-1661

MLD/cah Enclosures

M. DeLellis cc: P. Debbie

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	(ase as many	3/10013.03 /100	cooury)	Examiner Name	Michele Flood	FAT & TR	DOS.
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			U.S. PATENT	DOCUMENT/S	
Examiner Initials*	Cite	DOCUMENT NUMBER	Publication Date MM-DD-YYYY	lame of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
initials	No.1	Number-Kind Code <sup>2</sup> (if known)	MM-DD-TTTT	Applicant of Cited Document	Figures Appear
		US-5,182,109		S. Tamura, et al.	Claim 7, Examples 4, 12, 20
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		F	OKEIGN PATE	NT DOCUMENTS		
Examiner	Cite	Foreign Patent Document	Publication Date	Name of Patentee or	Pages, Columns, Lines,	
Initials*	No.'	Country Code'-Number <sup>4</sup> -Kind Code' (if known)	MM-DD-YYYY	Applicant of Cited Document	Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		WO 94/20135	09-15-1994	Edible Vaccines, Inc.	Page 14, line 23; Page 17, line 23; Examples 3,4	
		WO 00/37610	06-29-2000	Boyce Thompson Institute for Plant Research at Cornell	The entire document	

		/		
Examiner Signature	. /		ate onsidered	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at <a href="https://www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

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PTO/SB/08B (10-01)

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Complete if Known Substitute for form 1449B/PTO **Application Number** 09/464,416 December 16, 1999 Filing Date INFORMATION DISCLOSURE **First Named Inventor** Yasmin Thanavala STATEMENT BY APPLICANT Group Art Unit 1654 (use as many sheets as necessary) **Examiner Name** Michele Flood Sheet of Attorney Docket Number RPP:156B US

		OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS	
xaminer	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the  Item (book, magazine, journal, serial, symposium, catalog, etc.), date, fage(s), volume-issue	T <sup>2</sup>
	140.	AIZPURITA H L et al "Oral Vaccination: Identification of Classes of Proteins that Provoke an	<del>                                     </del>
		Immune Response upon Oral Feeding". J. Exp. Med., 1988, pp 440-451, Vol. 167.	
		EHSANI, P., et al., "Polypeptides of Hepatitis B Surface Antigen Produced in Transgenic Potato",	
		Gene, 1997, pp 107-111, Vol. 190.	
		KAPUSTA, J., et al., "A Plant-Derived Edible Vaccine Against Hepatitis B Virus", Faseb J 929,	
		pp 1796-1799, Vol. 13, No. 13.	7/1/
		Item (book, magazine, journal, serial, symposium, catalog, etc.), date, fage(s), volume-issue number(s), publisher, city and/or country where published.  AIZPURUA, H.J., et al., "Oral Vaccination: Identification of Classes of Proteins that Provoke an Immune Response upon Oral Feeding", J. Exp. Med., 1988, pp 440-451, Vol. 167.  EHSANI, P., et al., "Polypeptides of Hepatitis B Surface Antigen Produced in Transgenic Potato", Gene, 1997, pp 107-111, Vol. 190.  KAPUSTA, J., et al., "A Plant-Derived Edible Vaccine Against Hepatitis B Virus", Faseb J. 1999, pp 1796-1799, Vol. 13, No. 13.  JAN 1  TECH CENTER	יעיב
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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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<sup>&</sup>lt;sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.